PTO/SB/22 (12-04)
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PETITION FOR EXTENSION TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)	
FY 2005		070702005900	
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Eiled E	>b00 0000
Application Number 10/749,53		Filed [December 30, 2003
For METHOD FOR IDENTIFYING A PEPTIDE THAT BINDS A GEOMETRICAL SHAPE			
Art Unit 1639		Examiner	T. Wessendorf
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
(6.0	•		., ,
One month (37 CFR 1.17(a)(1))	<u>Fee</u> \$120	Small Entity Fe \$60	
		•	\$
Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$
Three months (37 CFR 1.17(a)(3))	\$1020	\$510	900.00 \$ (balance)
Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$
Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. X The Director has already been authorized to charge fees in this application to a Deposit Account. X The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 03-1952 Have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission.			
I am the applicant/inventor.	Gabinioolon.		
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). x attorney or agent of record. Registration Number 45,640			
	_	45,040	
attorney or agent under 37 C		Octo	·
Signature		October 11, 2006 Date	
Jonathan Bockman		(703) 760-7769	
Typed or printed name		Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
Total of 1 forms are submitted.			

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